



# APPLICATION FOR INTERNSHIP

All qualified students will be given equal consideration regardless of race, color, age, sex, religion, disability or ethnic background. You must be a junior or senior to qualify for our internship program. Our internships are non-paid, and you must be eligible for course credit.

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**INDICATE SEMESTER YOU WOULD LIKE TO BE CONSIDERED FOR AN INTERNSHIP**

( ) FALL 20\_\_\_\_\_ ( ) SPRING 20\_\_\_\_\_ ( ) SUMMER 20\_\_\_\_\_

**Referred By:** \_\_\_\_\_ School \_\_\_\_\_ Publication: \_\_\_\_\_  
\_\_\_\_\_ On My Own \_\_\_\_\_ Employee: \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

**Education:**  
College/University currently attending \_\_\_\_\_  
Indicate your Current Status: \_\_\_\_\_ Junior \_\_\_\_\_ Senior  
Major \_\_\_\_\_ Date of expected graduation \_\_\_\_\_

**Schedule Availability** (16 hours minimum):

<u>Day</u>	<u>Hours</u>	<u>Day</u>	<u>Hours</u>
Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

Date available to start Internship \_\_\_\_\_ Anticipated end date \_\_\_\_\_

Have you had an internship before? \_\_\_\_\_

If so, where? \_\_\_\_\_  
\_\_\_\_\_

Explain briefly what your principle duties were during your internship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect to gain from the internship program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are your career goals? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check area of interest. If more than one, number in order of preference:**

News – Editorial	_____	News – Technical	_____
News – Political	_____	News – Special Projects	_____
News – Weather	_____	News – Sports	_____
Web Design & Production	_____	Graphic Design	_____
Promotion/Marketing	_____	Sales	_____
Administration/Finance	_____	Other (please indicate)	_____

**List two references including an instructor or counselor:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_

**The following section must be completed by an authorized representative from your school before you will be considered for an internship. If the following section is not completed, your application will be returned.**

My signature below certifies that the student identified on this application is a **Junior or Senior**, and upon successful completion of the internship **will** receive course credit as required by **KTVU's** Internship Program. Please complete all areas below. Please do not leave any sections blank or the application will be rejected.

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Student's Status: \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Course Name: \_\_\_\_\_

Total course credits student will receive upon successful completion of internship: \_\_\_\_\_

Total number of internship hours that must be performed during semester to receive credit: \_\_\_\_\_

Student's Advisor (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_